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Submission date: 14-Feb-2019 07:13AM (UTC+0400)

Submission ID: 1073793248

File name: ltc.pdf (19.23M)

Word count: 5190

Character count: 25267

Living with Long Term Conditions
An Essay

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2019

Author Note

Thompson(1979) proposed that,“ “There are exceptions to practically any code of rules and this is true also for confidentiality. Some of these exceptions make it appear that very little is confidential. The three values implicit in confidentiality would seem to be privacy, confidence and secrecy.” ” I would prefer to abide by the protocols of the organization.

Abstract

Introduction:

Mauritius and its health care system was the background for the case study. The laws, regulations and departments were studied. It was observed that staff shortage, and civil services regulation, taxation and private sector change the availability and quality of health delivery for patients with long term conditions.

Method:

An explorative type essay

Results:

Mr Milligand, carer, and the service benefited from the experience.

Conclusion:

The patient received support, the carer received education and the service dynamics were tested for efficiency, practicality and economy.

Discussion:

The service is not perfect. It is through experience that it perfects itself. Democracy was not build in a day neither was Rome.

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Introduction to the case study

In this essay I intend to analyze the case of Andrew Milligand within the framework of societal institutions utilizing the case as a vehicle to explore financial aspects, legal statutes, departmental policies, nursing practices, multidisciplinary input, issues are central to patients with long term conditions in Mauritius.

Bowman (2019) wrote in Encyclopedia Britannica that Mauritius has put in place a free health service. Julien Faliu (2019), Ceo of Expatcom advised those coming to Mauritius to have a health insurance policy. Health is not free, private hospitals and clinics in Mauritius are profit making businesses. The Government of Mauritius(2019) earmarked 12 billions for the health budget. The Beveridge model of health care financing (Health Care Financing. p.3.) drives the public health sector. Under this model, the government raises revenue through taxes, to finance the delivery of health services.

Is this public investment ¹⁹improving the health of the nation and those with long term condition? The draft (2017) of the Ministry of Health says the service delivery is ¹⁹improving the health of the nation. How is this done?

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The civil service designs tools for assessing health requirements of the population and collects data on patients including those with long term conditions. They have a mission to improve the health services. In Mauritius the social services assesses family requirements and provides financial support as per policies (Africa Renewal Online, 2019/01/28/). What is the meaning of LTC?

Wanaka Medical Center(2019) defines Long-term conditions (LTCs), “ “as any recurring conditions that exert a persistent influence over people's life” ” . The health services and resources are mapped on to the patient long term needs to achieve the requirements enacted by legislations, statutory bodies stipulations, political parties agendas, the World Health Organization plans for Mauritius and the Ministry of Health Master Plan (Ministry of Health, 2017/11/06, p. 37). Is there any evidence that this is the case?

Andrew Milligand is a user of the Health service through the case, this essay investigates, interrogates and elucidates the intricacies of the service and user interaction. He strode into the A & E of Victoria Hospital with an upper respiratory tract infection. Dr Karl Ruhe scrutinized Mr Milligand. After auscultation, the physician prescribed the medications and treatments followed.

The International Labour Organization(2019) articulated that the Mauritius Labour Act of 1975 binds the employees by part II(4)4 of the Act to attend to, to treat and to give care to Mr Milligand. Public Health service is free. In other countries like the USA most payment is through insurances. Henderson, Cannon & Hisey(2018) pointed out that insurance fraud is regulated by Stark laws. Stark laws argue in favor of the user, curb illegitimate use and abuse of health insurances. The Department of Justice(2018) found Benjamin Rosenberg in Los Angeles guilty of fraudulent billing of \$3,853,931.

During the medical history taking Mr Milligand disclosed he often coughs and is weakened by influenza mainly in cold seasons and occasionally he indulges in polypharmacy. Mr Milligand stated that his illness is reducing the frequency of his activities. Fortunately he did not wait too long to be attended to that day.

The staffing was in full complement. This is not always the case. In the International Journal of Nursing Science Li(2014) remarked there is a shortage of staff worldwide. In Mauritius there are many expatriate nurses and doctors filling the vacancies in private and public hospitals. Fortis Darne and Wellkin (2019) are local services merged with Fortis of India. The manpower and brain power is from India, Philippines, Africa. Haddad(2018) estimated upwards of one million additional nurses will be needed by 2020. Local competition for a bigger share of the Mauritius Health market is ferocious. Stucke(2013) maintained in his abstract competition among private services raises or lowers the cost. Competition does not necessarily always optimize health care delivery.

Should I contribute financially to Mr Milligand medical needs, or to any person health management or mismanagement? Apparently I should through the levying of taxes and duties. By law it is required that taxes are paid by every citizen of Mauritius earning taxable income (Mauritius Revenue Authority, 2019/01/29/). Is everyone entitled to health services?

Ethics and Rights of the Patient

Mr Milligand walked in to seek help. Is he entitled to services? In a declaration the United Nations(2019) legislated his rights:

“ “ 1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services; the right to security during unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” ”

Every signatory of the UN Charter is bound by Article 25 of the Human Right declaration. So every United Nations member state should provide health services. When Mr Milligand arrived at A & E Department with his friend Mrs Blue the team could not withhold his entitlements to health. It was his right and Husnoo(2019), the Hon Minister of Health corroborated the rights of patients to health in a public statement.

The Nature of Partnership

The team has his private information, what is the legal implication of this data? Can the data that he confided be shared? Mr Milligand hope for confidentiality. As Thompson(1979) clarified in his paper, there are exceptions. In Mauritius the Data Protection act(2018) does that for him . ⁴¹ The 1996 Health Insurance Portability and Accountability Act (“HIPAA Compliance Checklist”, 2018/12/28/) protects sensitive data in the United States. In UK any person can restrict the processing of personal data (Service, 2015/09/16).

His personal, confidential information cannot be sent to partners in Health Center or Medi-Clinic in Mahebourg unless he signs a consent form and the civil service code of conduct (Appadu, 2019/01/29/) restricts the dissemination of protected data. So forms must be filled in. Mr Milligand was asked to sign his consent form.

The Applications of Policies

The Private Health Institution Act 1989 enables the Mauritius Ministry of Health to act as authority in the licensing and regulating private health clinics and hospitals for the benefit of patient in long term care, businesses, home care and general health.

The Mauritius institute of Health Act(1989) enables the Ministry of Health to organize training for Health professionals and to conduct health system research. The government normally set up educational facilities for training personnel for the Health sector and estimate the future needs of the population.

Civil administration manages the tasks of implementing policies, of enforcing regulations to maximize, regularize and optimize patient benefits from the health system. The boards of the Ministry of Health facilitates the transition from rules, policies, regulations, laws to their implementation in practice in the private and the public sectors.

Care Planning- Support in long-term Care

During the medical examination of Mr Milligand it was observed that his colostomy was tatty, the pouch not hygienic and the skin partially red, wet, irritated around the stoma; he needs to be reassessed and I arrange an appointment for him. As a nurse am I allowed to discuss his care with others?

Mr Milligand stoma required attention from an ostomy nurse who shall consider his needs and skills to use the appliance, to ensure a reliable seal free from leaks, and to clean the pouch. WHO hand washing method was taught and care of his stoma was extended to Mrs Blue, his carer and friend. Although there is some concordance between the staff delivering the care and Mr Milligand and his carer, adherence to this program is another matter, (see Appendix C) for details of Mr Milligand stoma care.

Mr Milligand return from South Africa, his bio-medical records are still in the registry, his date of birth, his place of birth, his parents and grand parents data. His digital file is in place. So with his ID his file was updated with the current treatment. And this file will be available to Mr Vikash in Nehru hospital, Medi-Clinic or Health Center in the South of Mauritius. A community nurse with ostomy experience to meet Mr Milligand at the Health Center preferably to define his needs and add to the nursing notes of his plan of care.

Mr Milligand lives with long-term condition

In the surgical history taking he mentioned the ostomy he went through while he was working as a high rise building contractor in Johannesburg, South Africa. He was then diagnosed with colorectal cancer,” the misfortune of his life...” he said. Ever since that operation his lifestyle significantly changed. It was not the cancer that he was so concern about. it was his lifestyle. He stopped working in the building industry. Also he became unsociable enough for his wife to divorce him. He moved to many towns, he could not find respite. Then he met Catherine. They get on well. Upon the insistence of Mrs Catherine Blue he came to the Accident and Emergency department for consultation. He neglected himself and was going on a downward slope since his wife left.

There is a problem because Mr Milligand is going to Mahebourg in his new rented place with Mrs Blue, they want to start a new life. So I contacted Mr Vikash. He is the community nurse at the Health Center in Mahebourg. His file was updated. And I suggested that Mrs Blue and Mr Milligand could do with the standard WHO procedure for hand washing and a bottle of hand rub 99% was useful as well.

The Chronic care Model

Wagner(2019) the physician and the developer of the CCR, said that “ “Our models for transforming primary care both focus, quite appropriately, on patients. And they improve patients' health and health care experiences.” ”

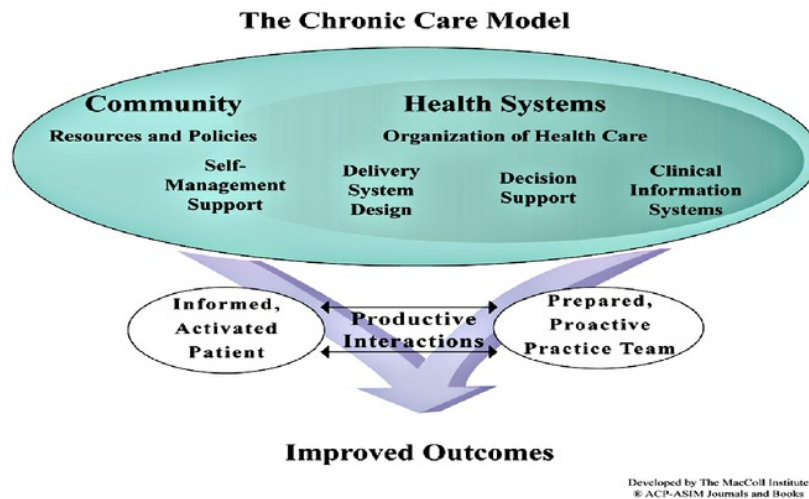
Part of the model includes informing Mr Milligand about his condition and keeping him in contact with professionals. Much of his care took place away from regional and district hospitals.

Six elements are central to improve Mr Milligand care:

- 1: Community resources he draws on in Health Centers
- 2: The health care system that he knows best and is familiar with
- 3: His self-management that is empowered by community nurses
- 4: Decision support he can rely upon from the team of professionals
- 5: Delivery system design to create a culture of quality, efficiency
- 6: Clinical information systems is evidenced based

Identify Approach, and Evaluate Models for long-term Care

The Ministry of health(2017) master plan reported that the current facility and human resources do not meet the needs of the population. Is there something wrong with the current model of health in use in Mauritius?



Often it is interesting to ask what are models and what are their uses. Davidson (2006) wrote““A ‘Model of Care’ broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.””

There are many models in use:

- a) The Chronic Care Model
- b) The Pyramid of Care model
- c) Kaiser Permanente Medical Care Programme
- d) Evercare model
- e) House of care (see appendix b)

Bakitas et al(2010) mentioned that it is a challenge to develop successful models; policy makers, demographers and government think tank are involved with that process. Describing them is still difficult.

In the Draft health... strategy paper, the Ministry of Health(2017p. 49) mentioned a hybrid model of partnership between the private and public sector; Mr Milligand is using the public health system; the private sector consists of medical, surgical facilities, physicians, nurses and old people's home. The public sector provides services to every one. It is regulated by legislation and civil codes of conduct. It has many outlets. There are regional hospitals, district hospitals, Medi-Clinics, health Centers (see appendix e).

Mr Milligand as a user realizes the implications of models, of regulations, of policies, of laws, of WHO directives and national and international correlations, the structural organization of the public and private sector and professional personal interpersonal practice because these have more than an impact on his well being, they shape his life. He expects an answer to his queries, professional solutions to his health problems that he can trust and continued unfailing support for his colorectal cancer treatment; whatever model is in use, it should flex to demonstrate its practicality to satisfy the patient and its efficiency as a humane and economic system of care.

He is moving to Mahebourg, and he is not thrilled about this. In his nursing notes I suggested that a psychologist input may ease his mind and help him settle or he may visit Brown Sequard Mental Health Care Center for some advice (AllAfrica com, 2016/10/10/) at his own convenience. Jayarajah(2017) article suggested that counselling is advisable for some patient with ostomy. The model of communication and documentation currently in use in the service allows the staff to proceed with this suggestion. With psychological interventions Fingeret et al (2014) demonstrated that positive outcomes in body image attitude results with counselling sessions (see appendix a).

A week later Mr Milligand and Mrs Blue moved to Mahebourg with a careplan, nursing notes, medications, documentation and known professionals to take on the responsibilities of treatment to follow. He may attend the Health Center closest home (Ministry of Health, 2019/01/29) and may avoid Nehru regional or Mahebourg District hospital unless advised at Health Centers where most of his needs shall be met, and there is a doctor in attendance there to see to his medical needs and nurses to help with nursing needs.

Summary of Reflection

For reflective practice, I am using John's Model (Leeds Beckett University, 2018/12/28).

I was uncertain where this essay was leading to at first. As I focus deeper into it, I began to see the scope of the missions of institutions such as WHO, government, Ministry of Health, local authorities and the services and the objectives of the multi-disciplinary professionals to provide a humane care to the sick (see appendix f).

Conclusion

In this explorative essay the case of Mr Andrew Milligand was used as a vehicle to explore the framework of the health system. The exploration uncovered not only:

a) Some local policies and some regulations,

b) Local and international laws,

But also:

a) Clarified his rights as an individual,

b) Identified nursing practice professional issues such as confidentiality,

c) Described some models of long term care,

d) Considered the Beveridge Model of financing care,

e) Considered the impact of shortages of staff,

f) Assessed his understanding and willingness to adhere to a plan of care, his carer skills, his concordance,

g) Evaluated his perspective, his view and his use of the public health system positively.

and last but not least his psychological profile.

The services have made a positive impact on his life and that of Mrs Blue improving their skills, supporting both and educating them appropriately so that their life is enhanced.

Appendix A Sociology of the body

(Fingeret, et al., 2014/03/01/).“ “Body image is a critical psychosocial issue for cancer patients as they often undergo significant changes to appearance and functioning. In this review article, our primary purpose was to identify empirically-supported approaches to treat body image difficulties” ”

Appendix B Models

- a) The chronic care model(ccm)
- b) The expanded chronic care model
- c) The innovative chronic care model
- d) Public Health Model
- e) The continuity of care model
- f) Service delivery model
- g) Kaiser, Evercare and Pfzier approaches
- h) The strength model
- i) Guided Care
- j) Pace Model

Appendix C Nursing Care Planning

The care plan for Mr Andrew Milligand

A: Emptying the content of a pouch

Part One

A1: The equipment .

a) Collect disposable kidney dish for stool, syringe to aspirate contents,tissue, water, gloves.

Part Two

A2: The procedure.

- 1) Gather equipment.
- 2) Explain procedure to Mr Milligand and Mrs Blue.

- 3) Wash hands.
- 4) Put on non sterile gloves.

Part Three

- 1) Open clamp.
- 2) Empty contents into receptacle.
- 3) Note amount, color, consistency, and the presence of any blood or mucus.
- 4) Rinse inside of pouch with water.
- 5) Avoid stoma area.
- 6) Prevents premature loosening of skin seal.
- 7) Wipe end of pouch with tissue and replace clamp or rubber band.
- 8) Dispose of stool in appropriate manner.
- 9) Remove gloves.
- 10) Wash hands.

Part Four

Record

- a) Amount.
- b) color.
- c) consistency of stool.

The Equipment

A: Appropriate ostomy appliance (bag and skin barrier wafer),

B: Skin barriers, e.g., Stomahesive paste or karaya paste and powder

C: Clean wash cloth, gauze, or cotton balls,

D: Warm tap water ostomy soap scissors pen or pencil

E: Gloves, non sterile



B: Changing a Fecal Ostomy Appliance

The Procedure

Part One. Section A

Collection of equipment.

Promotion organization and efficiency. Explanation of procedure

Part 1.



Fig.2 Wash hands. Use WHO standard.

P a r t

Two. Washing of hands. Assembling of pouch using to instructions supplied.

Putting on non sterile gloves.

Part Two . Inform the patients and explain

Wash Hands.

Section B

Part Three. Emptying current ostomy pouch of stool.

Preventing accidental leaks when removing appliances.

Emptying .

Part Four. Removing current ostomy appliance.

Disposing of appliance in appropriate container.

Removing Appliances.

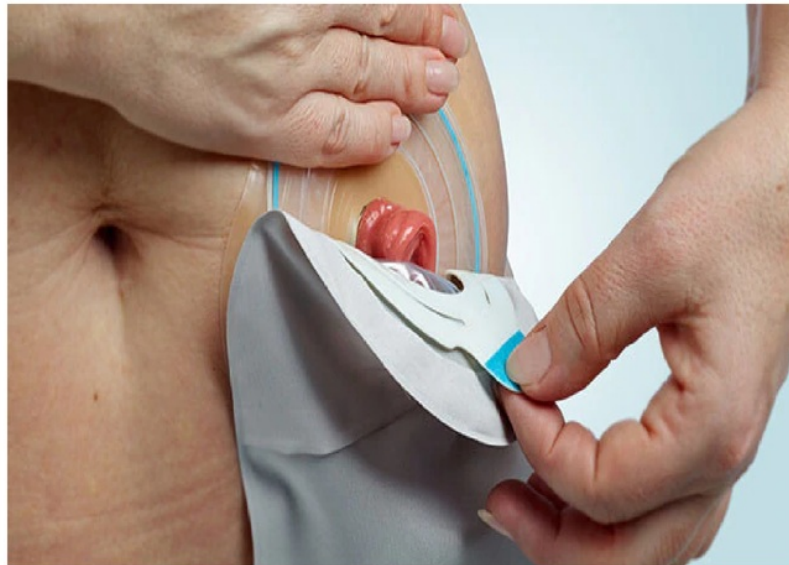


Fig. Removing appliance

Section C

Part Five.

Removing gloves.

Part Six .

Washing hands.

Consistent with aseptic technique. Putting on new sterile gloves.

Consistent with aseptic technique. Cleansing stoma and surrounding skin with warm tap water or an ostomy soap.

Rinsing skin well.

Patting dry.

Preventing injury to mucosa of stoma, and to surrounding skin.

Part Seven.

- 1) Assessing stoma and surrounding skin.
- 2) Measuring stoma using measuring guide for appropriate width and length of stoma at base.
- 3) Ensuring a good fit of the ostomy appliance without excess skin at the base of the stoma exposed to stool.
- 4) Placing gauze pad over stoma while preparing the skin barrier wafer and pouch for application.
- 5) Wicking stool away from skin and ensuring a good seal of the wafer to the skin.
- 6) Tracing pattern of stoma opening onto paper backing of skin barrier wafer.
- 7) Ensuring better fit and preventing laceration of the stoma or maceration of peristomal skin.
- 8) Cutting skin barrier wafer approximately 1/16 to 1/8 inch larger than stoma.
- 9) Attaching a clean pouch to the skin barrier wafer.

Part Eight.

- 1) Making sure the pouch is closed.
- 2) Preventing leaking of stool underneath the wafer during application process.
- 3) Removing gauze pad from stoma.
- 4) Making it easier to visualize the stoma.
- 5) Removing paper backing from skin barrier wafer.
- 6) Applying a thin ring of Stomahesive paste around the opening on the wafer
- 7) Fanning dry for 30–40 seconds or until dry to touch.
- 8) Placing the skin barrier wafer on the skin with the opening centered over the stoma.
- 9) Placing hand or warm washcloth over pouch for 3–5 minutes.
- 10) Helping to seal the wafer to the skin.

Part Nine.

- 1) Removing gloves.
- 2) Washing hands.

Section D

Part Ten Documenting Procedure . Recording 1. changing Pouch change.

Recording 2.condition and color of stoma and skin

Recording 3 how procedure was tolerated

Recording 4 Amount and character of stool.

Recording 5 Equipment used for the procedure

Recording 6. Appliance used

1. Teaching

Provide generous : verbal, written, psychomotor instructions on colostomy care

2. Pouch Management

Pouch system types ² can be either

1. open-ended, requiring a closing device (traditionally a clamp or tail clip); or
2. closed and sealed at the bottom. Open-ended pouches are called drainable and are left attached to the body while emptying.

With a two piece system a barrier/wafer is attached to the skin. A connection consists of a ring

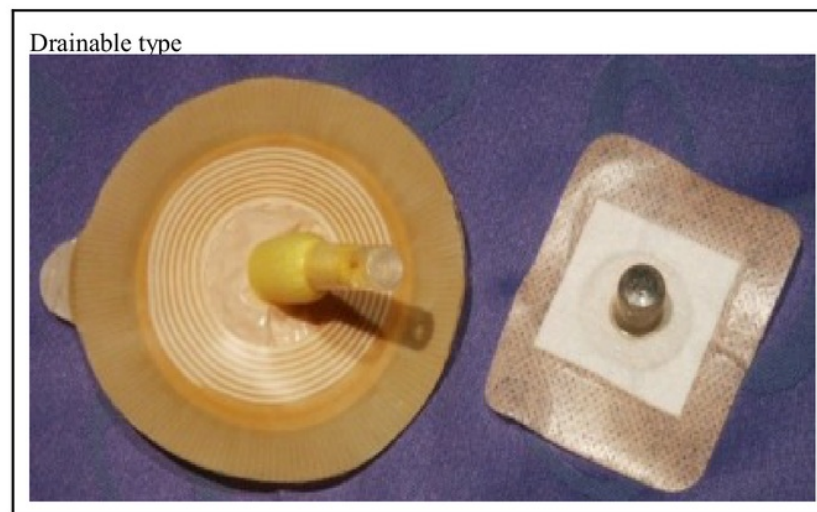
Some colostomates can “irrigate,” An irrigation system, consists of a bag ³⁰ and catheter a cone and a sleeve. A lubricant is used , a cap protects the stoma. This procedure avoids the need to wear a pouch.

There are also a number of styles. Some barriers are very flexible. There are barriers adhesive backing and without tape. Stoma openings may be either pre-cut or cut-to-fit. Some are drainable with a built-in tail closure.

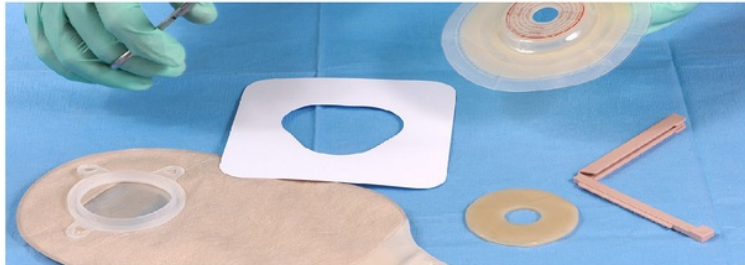
Some accessories are available.

Many pouches now include built-in cloth covers on one or both sides, reducing the need for separate pouch covers.

3. Images of supplies for Ostomy care



Parts of an appliance



Clamp, wafer

**Choose
Your
Colors**

Print Ostomy
Pouch Covers



Fun printed fabrics!

Bag fully enclosed inside the cover, flip-out pocket for
easy draining & equip/un-equip.



Handle with care



Checking the flange



Adhesion matters



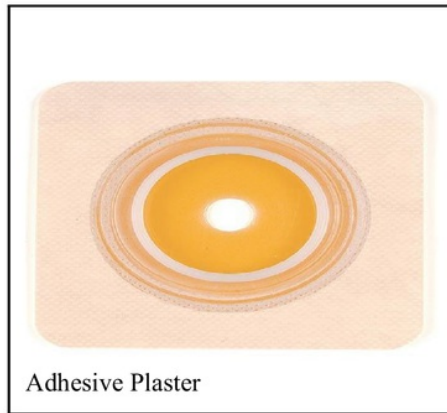
Wafer

When to take gloves off?



How to choose?

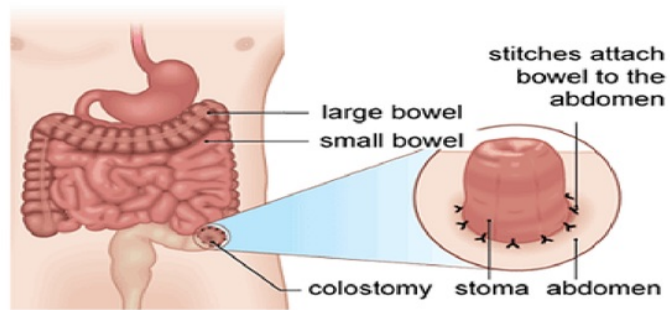




use tape pieces and tissue paper



Flexibility matters



The position of a colostomy
(one type of stoma)



Appendix D Dietary Teaching

Food that color stool-beetroot

Food that loosen stools-fatty meals

Food that thicken stool-banana

Food that increase intestinal gas-cabbage

Food that increase stool odor-egg

Appendix E Health Map with legend

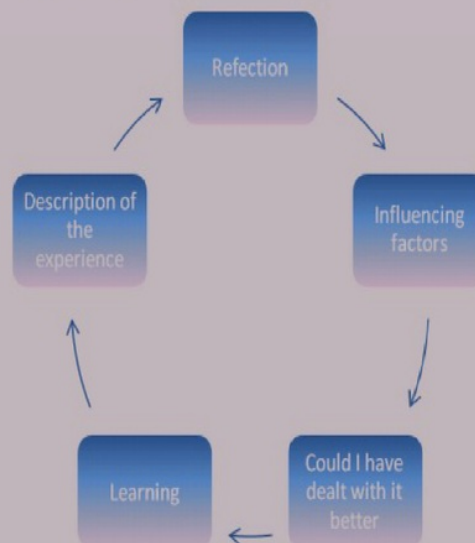


Image source (Ministry of Health, 2019/01/29):

Appendix F John Reflection Model

Johns C (1995) Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing*. 22, 2, 226-234

Johns Model of reflection



References

- ⁵ Africa Renewal Online. (2019/01/28/). ³⁶ Mauritius Marshall Plan. ⁸ Internet: ²³ <https://www.un.org/africarenewal/news/mauritius-marshall-plan-aims-eradicate-poverty-and-exclusion>.
- AllAfrica.com. (2016/10/10/). ³⁵ Mauritius Marks World Mental Health Day 2016. [allAfrica.com](https://allafrica.com/stories/201610101055.html). Internet: <https://allafrica.com/stories/201610101055.html>.
- ²¹ Los Angeles Dentist Pleads Guilty to Health Care Fraud Charges Stemming from False and ¹⁸ Fraudulent Billings. (2019/01/31/). (<https://www.justice.gov/opa/pr/los-angeles-dentist-pleads-guilty-health-care-fraud-charges-stemming-false-and-fraudulent>)
- Appadu, K. D., Ramsamyy. (2019/01/29/). Ministry of Civil Service and Administrative Reforms - Administrative Reforms Division. Internet: <http://civilservice.govmu.org/English/CivilServices/Pages/Administrative-Reforms-Division.aspx>.
- ⁴ Bakitas, M., Bishop, M. F., Caron, P., & Stephens, L. (2010/11/). Developing Successful Models of Cancer Palliative Care Services. *Seminars in oncology nursing*, 26(4), 266. NIH Public Access.
- Bowman, I. (2019/01/31/). ²⁸ Mauritius, Facts, Geography, & History. *Encyclopedia Britannica*. Internet: <https://www.britannica.com/place/Mauritius#ref279966>.
- ¹³ Dataprotection Office. (2018/12/29/). ⁴⁰ Data Protection Act 2017. ¹³ Internet: ³ <http://dataprotection.govmu.org/English/Legislation/Pages/Data-Protection-Act-2017.aspx>.
- ¹ Davidson, P., Halcomb, E., Hickman, L., Phillips, J., & Graham, B. (2006/03/). Beyond the rhetoric: What do we mean by a 'model of care?'. *Australian journal of advanced nursing: a quarterly publication of the Royal Australian Nursing Federation*, 23(3), 47–55.
- Faliu, J. (2019/01/29/). ³ The health system in Mauritius, ⁸ Health care in Mauritius. ²⁶ <https://www.expat.com/en/guide/africa/mauritius/136-health-in-mauritius.html>.

- ¹⁵ Fingeret, M. C., Teo, I., & Epner, D. E. (2014/03/01/). Managing Body Image Difficulties of Adult Cancer Patients: Lessons from Available Research. Cancer, 120(5), 633. NIH Public Access.
- Govenment of Mauritius. (2019/01/31/). Republic of Mauritius- Budget 2018–2019. Internet: [http://www.govmu.org/English/News/Pages/Budget-2018–2019-Rs-12.2-billion-earmarked-to-uplift-health-care-and-quality-of-life.aspx](http://www.govmu.org/English/News/Pages/Budget-2018–2019-Rs-12.2-billion earmarked-to-uplift-health-care-and-quality-of-life.aspx).⁴³
- Government of Mauritius. (2019/01/29/). Republic of Mauritius- Access to key health care services is every citizen fundamental right, says Minister Husnoo. Internet: <http://www.govmu.org/English/News/Pages/Access-to-key-health-care-services-is-every-citizen%E2%80%99s-fundamental-right,-says-Minister-Husnoo.aspx>.⁴⁴
- Haddad, L. M., & Toney-Butler, T. J. (2018/10/27/). Nursing, Shortage. In Introduction. Internet: <https://www.ncbi.nlm.nih.gov/books/NBK493175>.³⁹
- Hendershot, C. & H. (2018/12/26/). The Stark Truth About the Stark Law. Hendershot, Cannon & Hisey, P.C. Internet: <https://www.hchlawyers.com/blog/2018/may/the-stark-truth-about-the-stark-law>.
- International Labour Organization. (2019/01/31/). Mauritius. Labour Act, 1975. Interent: <https://www.ilo.org/dyn/natlex/docs/WEBTEXT/14235/64816/E92MUS01.htm>.²⁰
- ³⁴ Jayarajah, U., & Samarasekera, D. N. (2017/01//Jan/Feb2017). Psychological Adaptation to Alteration of Body Image among Stoma Patients: A Descriptive Study. Indian Journal of Psychological Medicine Indian Journal of Psychological Medicine, 39(1), 63–68. Wolters Kluwer India Pvt Ltd.
- ²⁵ Kaiser Permanente. (2019/01/28/). Edward H. Wagner, MD, MPH. Internet: <https://www.kpwashingtongresearch.org/our-research/our-scientists/wagner-edward-h>.²⁹
- ¹⁷ Leeds Beckett University. (2018/12/28). Skills for Learning. Internet: <https://skillsforlearning.leedsbeckett.ac.uk/local/reflection/models/index.shtml>.³
- ¹⁴ Li, H., Nie, W., & Li, J. (2014/09/01/). The benefits and caveats of international nurse migration. International Journal of Nursing Sciences, 1(3), 314–317. Elsevier.

Mauritius Government, M. o. H. (2017/11/06/a). Draft Health Sector Strategy Mauritius 2017–2021.

Mauritius Government, M. o. H. (2017/11/06/b). Draft Health Sector Strategy Mauritius 2017–2021.

Mauritius Government, M. o. H. (2017/11/06/c). Draft Health Sector Strategy Mauritius 2017–2021.

³³ Mauritius ²² Revenue Authority. (2019/01/29/). ²⁴ The Income Tax Act of 1995. <http://www.mra.mu/download/ITAConsolidated.pdf>, [http://www.mra.mu/index.php/legislations#act,Part II section 4\(1\). p.23.](http://www.mra.mu/index.php/legislations#act,Part%20II%20section%204(1).p.23) Pub. Government of Mauritius.

Ministry of Health. (2017/11/06). Mauritius ¹² Draft Health Sector Strategy 2017–2021. Internet: [Http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/mauritius/draft_health_sector_strategy_mauritius_2017-2021.pdf](http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/mauritius/draft_health_sector_strategy_mauritius_2017-2021.pdf).

Ministry of Health. (2019/01/29). Medical Services available at the various health centres. In Medical Services available at the various health centres. Internet: [Http://health.govmu.org/English/Pages/Demography%20and%20Evaluation%20Unit/2000/Appendices/Medical-Services-available-at-the-various-health-centres--Republic-of-Mauritius--.aspx](http://health.govmu.org/English/Pages/Demography%20and%20Evaluation%20Unit/2000/Appendices/Medical-Services-available-at-the-various-health-centres--Republic-of-Mauritius--.aspx).

Service, G. D. (2015/09/16). Data protection. Internet: [Https://www.gov.uk/data-protection](https://www.gov.uk/data-protection).

Stucke, M. E. (2013/04/01/). Is ³⁸ competition ¹¹ always good? ¹ Journal of Antitrust Enforcement, ⁴ 1(1), 162–197. Oxford University Press.

Thompson, I. E. (1979/06). The nature of confidentiality. Journal of Medical Ethics, 5(2), 57. BMJ Publishing Group.

⁵ United Nation, U. (2015/10/06). ⁷ Universal Declaration of Human Rights. ³⁷ Internet: [Http://www.un.org/en/universal-declaration-human-rights](http://www.un.org/en/universal-declaration-human-rights).

³¹ Wanaka Medical. (2018/12/23/). ¹⁰ Long Term Condition Management. ³² Internet. ([Https://www.wanakamedical.co.nz/services/long-term-condition-management](https://www.wanakamedical.co.nz/services/long-term-condition-management))

Wellkin Hospital. (2019/01/28). Wellkin Hospital - The Largest Private Hospital of Mauritius.

Internet: <https://www.wellkinhospital.com>.

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